

# ANNUAL REPORT

FOREIGN

PLEASE TYPE OR USE BLACK INK

FILE DATE \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_

**FILING FEE: \$30** MAKE CHECK PAYABLE TO SECRETARY OF STATE

1. Corporate Name and Mailing Address:

Telephone # \_\_\_\_\_

FAX # \_\_\_\_\_

FILING DATE: Due during the month the  
Certificate of Authority was issued, and delinquent  
after the last day of the following month.

## ★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information is identical as set forth in the prior report, you may **check** the **box** below and sign the report.  
**ANY CHANGE requires full completion of the form.**

☐ ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. It is incorporated under the laws of \_\_\_\_\_ and the address of its principal office in the state  
of incorporation is \_\_\_\_\_ Zip + 4 \_\_\_\_\_

3. The address of its registered office in South Dakota is \_\_\_\_\_ Zip + 4 \_\_\_\_\_  
and the name of its registered agent at that address is \_\_\_\_\_

4. Provide a brief description of the nature of the business \_\_\_\_\_

5. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
_____	Director	_____	_____	_____	_____
_____	Director	_____	_____	_____	_____
_____	President	_____	_____	_____	_____
_____	Vice President	_____	_____	_____	_____
_____	Secretary	_____	_____	_____	_____
_____	Treasurer	_____	_____	_____	_____

6. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
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7. NUMBER OF ISSUED AND OUTSTANDING SHARES	CLASS	SERIES
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The statement may be signed by any authorized officer of the Corporation.

Dated \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077

PHONE: 605-773-4845

[www.sdsos.gov](http://www.sdsos.gov)

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